TO HOSPITAL OR ATTENDING PICTURE. ILAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours that VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2092

CERTIFICATE OF DEATH

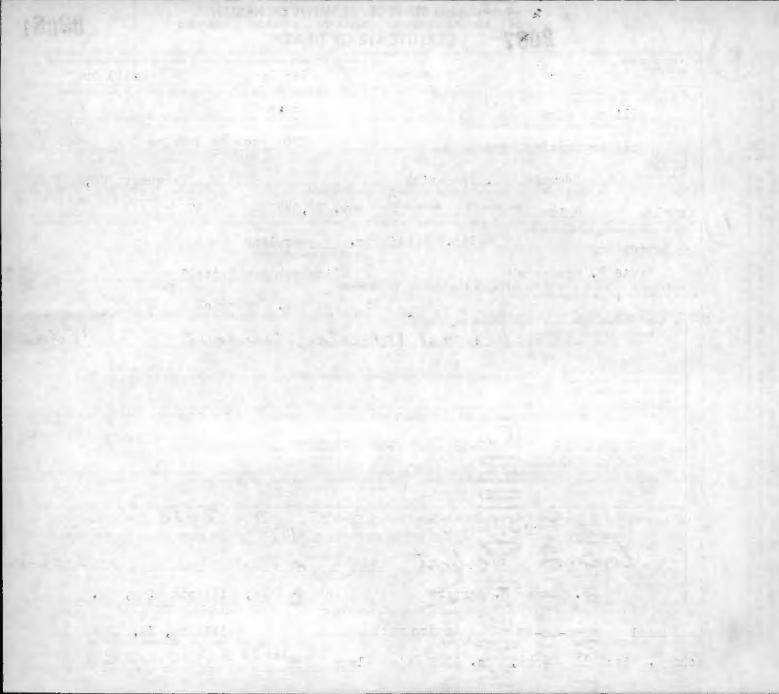
77072		AIE OF BEATT		Reg. Dist. No).
1. PLACE OF DEATH 0. COUNTY HOWARD Co.	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryland	b. COU		ore admission)
RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	iside carporate limits, wr	ite RURAL and give ne	arest lown)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Commercial	At.		YES NO
3. NAME OF DECEASED (Type or print) FROTY C. Condor	Middle	Last .	4. DATE OF DEATH Feb	Month Do	y Year
5. SEX 6. COLOR OR RACE 7. MARRII White WIDOWEL		Sept. 16, 188	9. AGE (In ye	OF IF UNDER I YEAR	Hours Min.
10b. USUAL OCCUPATION (Give kind of work done 10b. K during most af working life, even if retired)	ton Mill		r foreign country)		F WHAT COUNTRY
13. FATHER'S NAME	00011 (1,1,1,1,1	14. MOTHER'S MAIDEN NA		0.00	
Edward F. Condon			J. West		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes. no. or unknown) (If yes, give wor or dates of service)		NFORMANT James H. Condo		Address Maryland	
PART I. DEATH (Enter only one couse per ine PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to immediate cause (a), stating the under: DUE TO	h. ast	Lasthu hma	ratic at	lacks of	ERVAL BETWEEN SET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF EITHER. NOTIFY MEDICAL EXAMINER	jocardi	al tusing	U ·	2 01	PERFORMED?
	HOW INJURY OCCURRE	D. (Enter nature of injury in F	irt for Part II of item 18.	1	
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. 19 White of work	_ Nat while	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City ar town)	(County)	(State)
21. I certify that I attended the decease alive an terr. 1960 ACTUAL SIGNATURE PHYSICIAN'S FYAUK E. S PHYSICIAN'S FYAUK E. S			M, from the cause DDRESS (Street, city or to	es and on the do	the decease te stated abov DATE SIGNI
	22c. NAME OF CEMETERY O		2d. LOCATION (City, to	on, or county)	(State)
23. FUNDERAL DIRECTOR'S SIGNATURE With Waraldoon,	ADDRESS Kaurel	240. REC'D	BY REGISTRAR 24b. R	EGISTRAR'S SIGNATUR	

HUMBORD STADWINGS. to deal . whater THE SECTION OF THE LAND OF THE or all the country of the country of the country of

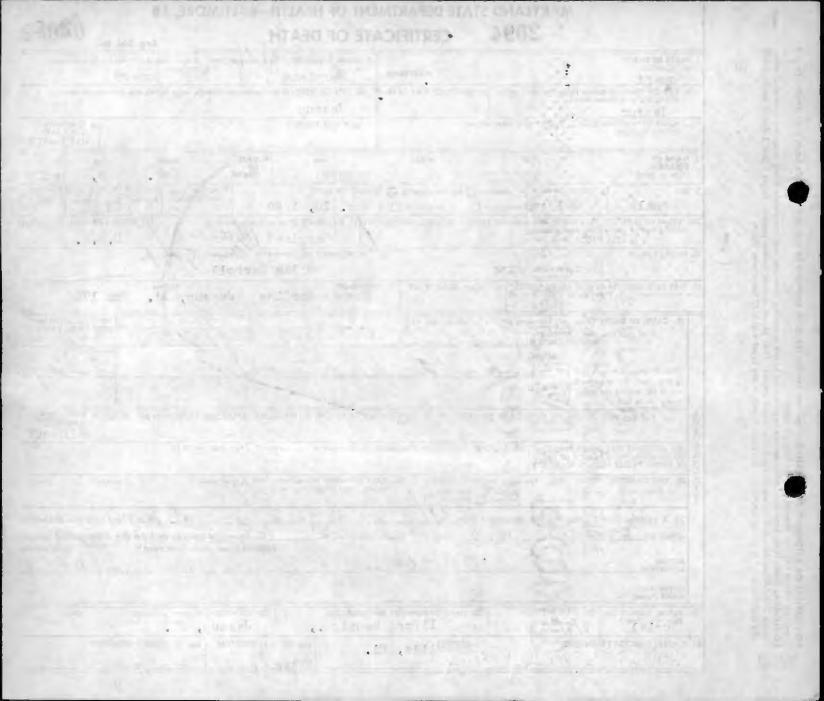
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2087 CERTIFICATE OF DEATH

	Howard	MARYLAND	2. USUAL RESIDENCE (Who a. STATE		b. COUNTY	Balti	before odmis	ion)
RURAL and give ne	fautside carporate limits, write arest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		limits, write RI	URAL and give	nearest town	.2
	AL (If nat in haspital, give stree	address)	d. STREET ADDRESS	_			e. IS RES	FARM?
	er Nursing Hom	e	8703	Loch Be	end Driv	re		NO 🗆
3. NAME OF DECEASED	First	Middle	Lasi	4. DATE OF	Mon	th	Day	Year
(Type or print)	Jennie H	Frederick		DEATH	Febr	ruary	20.	19 60
S. SEX			B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
Female	White WIDOW	VED DIVORCED	Nov. 24,1872	2	lost birthday) 87 yrs.	Manths Do	ays Hours	Min.
10o. USUAL OCCUPATIO	N (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign count	ry)	12. CITIZEI	N OF WHAT	OUNTRY?
		Balto. Transit	Co. Marv	land				
13. FATHER'S NAME TO	.Hg		14. MOTHER'S MAIDEN N	IAME				120
Lavid	H. Frederick		Elizabeth	Ann Fri	zell			40
		SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ress		
(185, no. or wastown)	(if yes, give wor or dates of service)	1/1.	iss Bessie A.	Frederi	dk	Same		
PART I. DEA 33/X Conditions, if or gave rise to in	mmediate (President 17	escular a	uyle.	nt		INTERVAL BE	DEATH
lying cause last.) (c)	CONTRIBUTION TO BE IN UNIT		NAI DISEASE CO	ONDITION GIV	Chi thi DART I		
200. ACCIDENT WA	S UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	NOT RELATED TO THE TERMI D. (Enter nature of injury in I			EN IN PARI		RMED?
	S UNDERLYING [] 20b. DE CAUSE OF DEATH MEDICAL EXAMINER] Y Month, Doy, Year 20d. While	SCRIBE HOW INJURY OCCURRE		Part I ar Part II	of item 18.)	(Cau	YES _	RMED?
20c. TIME OF INJURY Haur a. m. p. m. 21. 1 certify tha sow the deceos	S UNDERLYING 20b. DE 2	INJURY OCCURRED 20e. PL Nat while at work deed the deceased from	O. (Enter nature of injury in l ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	Part I or Part II	af item 18.) tawn)	(Cau	PERFC YES unty) p. that (i) (date stated	(State) we) lost above.
20c. TIME OF INJURY Haur a. m. p. m. 21. 1 certify tha sow the deceos 22a. SIGNATURE	S UNDERLYING 20b. DE 2	SCRIBE HOW INJURY OCCURRED INJURY OCCURRED Not white 20e. PL for 10 for	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	Part I or Part II	af item 18.) tawn)	(Cau	PERFC YES inty) 2, that (i) (date stated	(State)
20c. TIME OF INJURY Haur a. m. p. m. 21. 1 certify tha sow the deceos	S UNDERLYING 20b. DE 2	SCRIBE HOW INJURY OCCURRED INJURY OCCURRED Not white 20e. PL for 10 for	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	Part I or Part II	af item 18.) 1awn) 2 - 2 o couses on	(Cau	PERFC YES Dunty) 2. that (i) (date stated	(State) (State) we) lost above.
20c. TIME OF INJURY Hour a. m. p. m. 21. 1 certify that sow the deceos 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATIO	S UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 20d. While of word with the control of	INJURY OCCURRED Not white of work of the deceased from 19 600 and that a	ACE OF INJURY (Hame, form ctary, street, affice bldg., etc. 19 deoth occurred of Office ham. D. ATTENDING MA.D. PHYS. DI 22d. ADDRESS Church Ro	Part I or Part II	af item IB.) tawn) 2 - 2 o couses on staff phys. icott (d on the d	PERFC YES Dunty) 2. that (i) (date stated	(State) (State) we) lost I above. b. DATE SIGNED
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify that sow the deceos 22a. SIGNATURE 22c. PHYSICIAN'S	S UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 20d. While of word with the control of	INJURY OCCURRED Not while at work det the deceased from 19 60, and that at the deceased from 19 60, and the deceased from 19 6	ACE OF INJURY (Hame, form ctary, street, affice bldg., etc. 19 4 deoth occurred of 0 M.D. ATTENDING MAPHYS. DI 22d. ADDRESS Church R.C. CR CREMATORY	20f. (City or) 37to M, from the coad, E11	tawn) 2 - 2 co couses on STAFF PHYS. 1 cott	d on the d	PERFCYES Inty) Inty) Inty) Inty Inty	(State) (State) we) lost I above. b. DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2088 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** Reg. Dist. No.

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	60		1	-	will,	

1. PLACE OF DEATH COUNTY HOV	verd	MARYLAND	2. USUAL RESIDENCE (WI		lived. If instituti b. COUNTY		ce before ad	mission)
RURAL and give n	f outside corporate limits, we carest lown)	12 yrs	Michigan		te limits, write R	URAL and g	give nearest	lown)
OR INSTITUTION	AL (If not in hospitol, give some Manor Hos		d. STREET ADDRESS	d. STREET ADDRESS e. IS RESID ON A F. YES 1				
3. NAME OF DECEASED (Type or print)	First Sadie	Middle	Hirsch	4. DATE OF DEATH	Februar		Осу	Yeor 19 60
5. SEX Female		WARRIED NEVER MARRIED DIVORCED 3	8. DATE OF BIRTH NOV 7, 189	9	AGE [In years fast birthday]		Days Ho	NDER 24 HRS. Wrs Min.
100. USUAL OCCUPATION during most of work	ung life, even if refired)	106. KIND OF BUSINESS OR INDI	ustry II. BIRTHPLACE (Stote Indian		ntry)		J.S.	HAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Ignatz K	line		unknown					
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	On t	y, nd.
(Yes, ea, or unknown) NO	it yes, give war or dates of service)	none	hospital rec	ord Ta	ylor Ma	nor I		
Conditions, if of gove rise to it couse (a), stating lying couse lost. PART II. OTH Chr. 20a. ACCIDENT UNG OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate the under: DUE TO (c) HER SIGNIFICANT CONDITION CONÎC SCHÎZO S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	ons <u>contributing to death</u> bu phrenia describe how injury occurr	ED. (Enter nature of injury in l	Part I or Part I	l of item 18.j		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REFORMED?
20c. TIME OF INJUR Hour o. m. p. m.	W	Dd. INJURY OCCURRED 20e. P /hile Not while f work of wark	LACE OF INJURY (Home, form octory, street, office bldg., atc	i.) !	r fown)	(C	ounly]	(State)
actual SIGNATURE	Irving J. Ta N. 226. DATE THEREOF 3/3/60	placed from Apr 2' 2' 2' 2' 2' 2' 2' 2' 2' 2' 2' 2' 2'	M.D. Taylor Ma Taylor Man Taylor Man	ADDRESS (Street nor Hos	the causes of th	Elli	2/29 cott (ated above. DATE SIGNED

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The state of the s			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2095 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Keg, Dist. No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
Howard Maryland	* STATE Maryland * COUNTY Baltimore
b. CITY OR TOWN (If subside corporate himits, write BURAL and give nearest lown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
Woodstock	Catonsville, 28 035%
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Cavey Lane	2202 Rock Haven Ave. YES NO PA
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Charles Henry	Hoke DEATH Feb. 7 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In your lost birthday) Hanthd Date Mayer May
male white WIDOWED DIVORCED	4/17/1893 66 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Balto. Transit	Klingerstown, Pa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hoke	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
	s.Clara M. Hoke, Catonsville, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bonain Humbersis 10 nem.
DUE TO	
Canditians, if any, which) (b) authorized	in Vascular Descare I year
gave rise to immediate course (a), stating the underlying DUETO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, form, 20f. [City or town] (Caunty) (State) ory, street, office bidg., etc.)
Haw e. m. While Nat while to work at work	y, stone, onto body only
21. I certify that I took charge of the remains described about	ve, held an Autopsy [], Inspection [7], Inquiry [7], and find that
death resulted from: Natural causes 1. Accident . Suid	cide , Homicide , Undetermined cause .
662 41	
SIGNATURE Tronge & Juny lost	_M.D. CHIEF MEDICAL EXAMINER
	ASSISTANT MEDICAL EXAMINER
NAME (Type) George E. Rurgtorf M D	DEPUTY MEDICAL EXAMINER 1
220. BURIAL, CREMATION, 1225. DATE THEREOF 1220, NAME OF CEMETERY OR	
REMOVAL (Specify) Burial 2-10-60 Takeview	Rt.26 Baltimore County Md
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. RECO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F.C. Higinbothom Ellicott City Md	DATE FEB 9 '60 Galling 9 15



2096 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where/deceased lived. If institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYCKEU TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAT IN 16 RURAL and give neorest town) e. IS RESIDENCE d. NAME OP HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO NO NAME OF 4. DATE Middle Yeor Day OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE AGE (In years S. SEX 7. MARRIED T NEVER MARRIED T lost birthday) Months Days Hours DIVORCED [WIDOWED [7 yrs. 100. USUAL OCCUPATION (Give, kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPCACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of Forking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U. STARMED FORCES? 16 SOCIAL SECURITY NO. Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o m. While Not while of work of work p. m. 19(00) that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. and that death occurred a AM, from the causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b, DATE SIGNED M.D. PHYS DIRECTOR PHYS. 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LQCATION (City, town, or county) 23a. BURIAL, CREMATION 23b (Stote) REMOVAL (Spesify) 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS' 260. REC'D BY REGISTRAR DATEEB arthur S. Kraus

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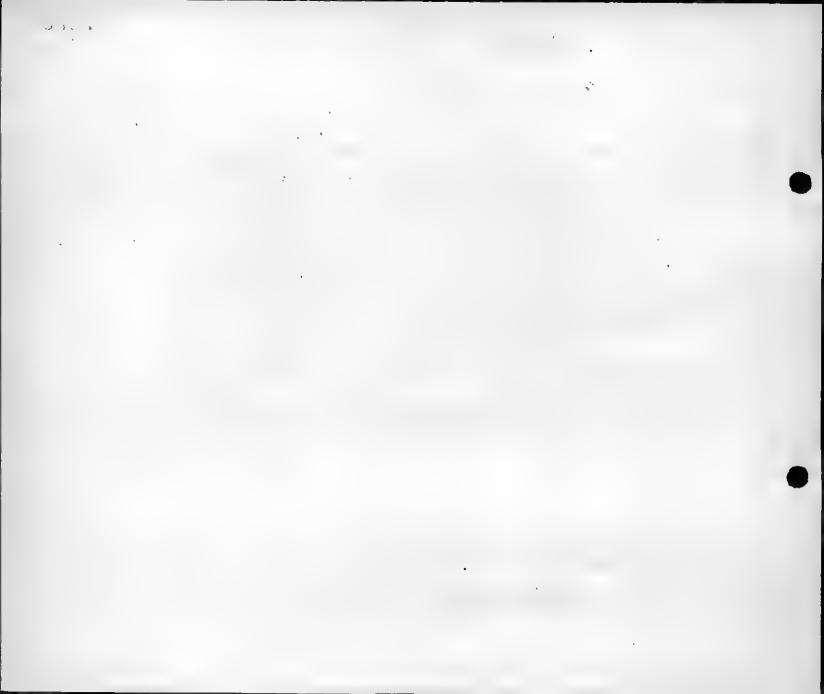
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MA	RYLAND ST	ATE DEPA	RTMENT	OF HEALTH	-BALTIMORI
2097	MEDICAL	EXAMI	NER'S C	ERTIFICATE	OF DEATH

02087

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH b. county Howard a. COUNTY arvland MARYLAND Howard b. CITY OR TOWN III outside corporate limits, write \$108AL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrect town! Jessups Jessups d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o, IS RESIDENCE Berger Road YES NO Berger Road NAME OF First Middle DATE Lost Month Year DECEASED OF DEATH (Type or print) Feb.10.1960 19 CATHERINE KAHLER DITEM 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH FUNDER TYFAR IF UNDER 24 HRS. lest birthday Days Hours WIDOWED [7] DIVORCED [-189960 Female White yrs. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ednor . Md At Home None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Harding John Coar 15. WAS DECEASED EVER IN ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Adam Kahler Jessups Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? 0 NO T 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING Strangulation by hanging (self inflicted) MEDICAL Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or fown) (County) (Stote) fectory, street, affice bldg., etc.) D 166 m5-10-60 at work [7] at work Howard Co Md At Home Jessups 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Y, Inquiry X, and find that death resulted from: Natural causes I Accident Suicide Y, Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 2-12-60 NAME (Type) DEPUTY MEDICAL EXAMINER George E. Burgtorf 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Fulton, Md Pauls 2-13-60 Ruria] 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 1 5 '60 F.C. Higinbothom, Ellicott City, Md Cirthur & Hours

VS. A15ME(5)



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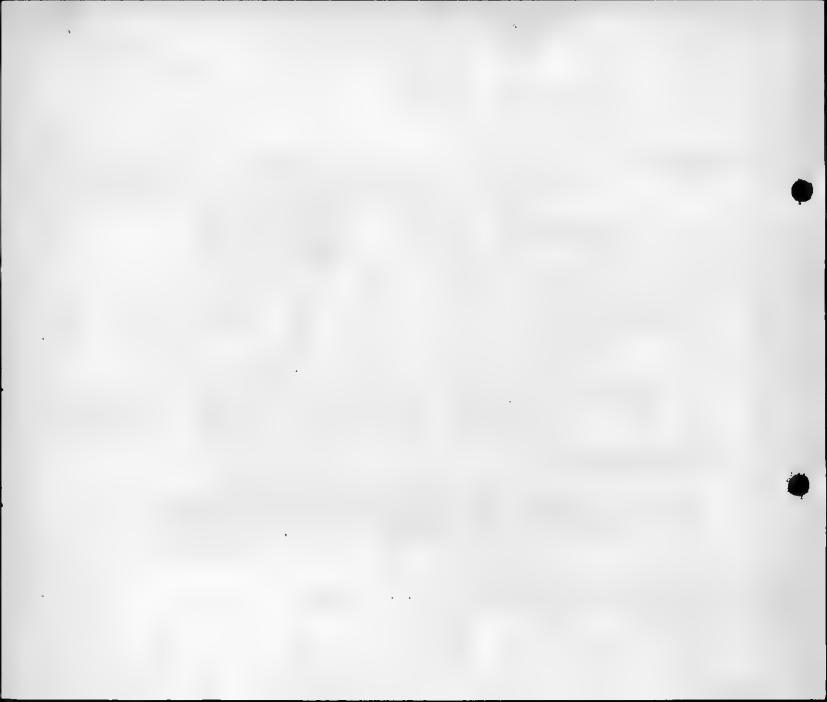
ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2089	CERTIFICATE	OF	DEATH	

Reg. Dist. No.

02088

L		~~~	20								Reg. Di	st. No.		
1.	PLACE OF DEATH o. COUNTY H	oward		MARYLAN	- 11	o. STATE Mary				institutio OUNTY	n: Residen	ce befor	e admissi	on)
	b. CITY OR TOWN (RURAL and give a	outside corporate lim marest lown) TIICOTT Ci		c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (III		imore	rale limits,	write RL	IRAL and p	give nea	rest tawn	} ~
	OR INSTITUTION	Taylor Ma	_	•		d STREET ADDRESS 2812 N.	.]	Loudo	n Roa	ad		ľ	ON A	FARM?
3.	NAME OF DECEASED (Type or print)	F: Willi	.am	Middle I		lost izarof f		4. DATE OF DEATH		Mont Feb		.6 Dog	r \	9 60
5.	Male	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIED [_	Feb 13,18	390	0	9. AGE (le los) bir 70	n years Ihday) yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min,
Ι.	during most of work Merchant-	king tife, even if retired	dane 10b. }	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (SIG	ite o	r fareign co	ountry)		12. CIT	LC'	SI	COUNTRY?
13.	leval	laur			1	1. MOTHERS MAIDEN	NA	ME						
15 (Y	WAS DECEASED EVE	R IN U. S. ARMED FOI (if yes, give wor or dates of		SOCIAL SECURITY NO.	7/INFO	* Muse	c	rog	Of.	Addre	Po	~		
		TH WAS CAUSED BY.)(ne for (a). (b). and (c).) Pulmonary e	dema	a bilatera	ιŢ	Ľ,	//			INTE	RVAL BET	IWEEN DEATH I'S.
	Conditions, if a	mmediate Dur To)	Myocardial								72 hrs.		
z	lying cause lost.	ine under:	lnI	Luenza with						041.000			+ da	
CERTIFICATION				CONTRIBUTING TO DEATH							EN IN PAR	1 1(0) 13	PERFO	RMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU						18 }				
MEDICAL	20c. TIME OF INJUR Have a. m. p. m.	Y Manth, Day, Ye	ar 20d II While al war	Not while	- PLACE factory	OF INJURY (Hame, fo , street, affice bldg., a	etc.}				(0	County)		(Slate)
	alive on F	nat I oftended the	deceos	ond that de	ath oc	., 19.60, to corred of 5 P. Taylor Ma	A	DORESS (SI	n the co	USES C	nd an tl	he dat	e state	TE SIGNED
	PHYSICIAN'S NAME (Type)	Stephen 1	Lee M	lagness, M.D		Taylor Ma					cott			
22	PERIAL CREMATIC	1 /	OF PO	MAME OF CEMETER	Y gir Ei	PERIORY		22d. LOCA	1 al	lows o	r county)	7/	15tole) >
23	JUNERAL DIRECTOR	ELOGI PIK	210	adoptes ou Citati	5/2	///		BY REGIST 1 8 '6		REGIS	TRAR'S SIG	Those	E &.	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

02089

			2	2090	CERTIFIC	ATE O	DEATH			1	Reg. Dist.	No.	0.60
	1. PLACE O a. COUN		ırd		MARYLAND	II a STAT	residence (who			nstitution UNTY	Residence	before od	(noissian)
	b. CITY C	and give neare	otside corporate lime of town) ott City	ls, write	1 yr. 4 mos		OR TOWN (IF or Baltim		_		RAL and giv	e nearest	town)
<	d. NAME OR IN	STITUTION	(If not in hospital, g				et ADDRESS 023 Dun	glow	Road			0	RESIDENCE N A FARM? S NO 1
	3. NAME O DECEASE (Type or	F D	Fir		Middle	No	lost rris	4. DATE OF DEATH	ı F	Month eb.	15	Day	Yeor 1960
	5. SEX Ma				IED 🖾 NEVER MARRIED 🗌	8. DATE OF De		891	9, AGE (In lost birth	years 1 doy) yrs.		YEAR IF U	NDER 24 HRS
\	during	occupation most of working ar Deal	life, even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY 11. BIF		_				U.S.	HAT COUNTRY?
	13. FATHER'S	Jacob	Norris				Elizab		?? ¢ t	Jnkn	own)		
	15. WAS DE [Yes, 80, or un		U. S. ARMED FOR		3-28-6986	HOSPIT	AL RECO	RD		Addres	16		
		PART I. DEATH	Enter only one co WAS CAUSED BY: IMEDIATE CAUSE (o	(1)	e for (a), (b), and (c).] erebral thro	mbosis						ONSET A	L BETWEEN
	Canditions, if ony, which (b) Cerebral arteriosclerosis									unknown			
	lying .	(o), stating the cause last.	under- DUE TO)A	rteriosclero								nown
	5 Ch	ronic b	SIGNIFICANT CON PRINT SYN INDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	drom	e, associate CRIBE HOW INJURY OCCUR	d with	cerebr	gsycl	hosis. .s. Wi	th	paran	(a) 19. W	REORMED?
	₹ 20c. TIM		Month, Day, Ye	While	Not while	PLACE OF INJI factory, street,	JRY (Home, form, office bldg , etc.)	20f (Cit	ly ar town)		(Cor	unty)	(State)
1		21. I certify that I attended the deceased from Oct 13 , 1958, to Feb 15 , 1960, that I last saw the deceased alive on Feb 15 , 1960, and that death accurred at 3:15 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED											
	PHYSIC NAME	(Туре)			agness, M.D.		or Mano	to analysis should be				tt C	ity, Md
	Buriat	CREMATION,	2/18/6		ORK Lawn				Lt1mo	re C	o.,M	arvl	State)
	23 FUNERA	LDIRECTOR'S S	la Bour	De.	Abbress Dundall	22.M	240. REC'C				RAR'S SIGN		

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PH

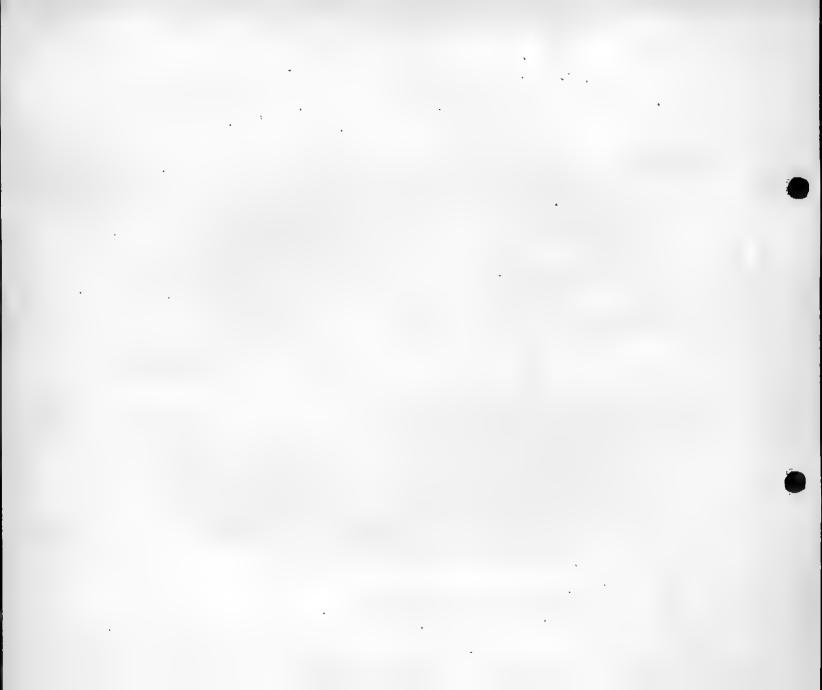


TO HOSPITAL OR ATTENDING PE VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

209 SIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	PLACE OF DEATH O COUNTY MARYLAND 2	a. STATE b. COUNTY
	b. CITY OR TOWN (Is outside corporate limits, write RURAL and give recrest lows)	c. CITY OR TOWN (If outside corporate Ismits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d STREET ADDRESS ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Win-FiELD S. Middle PA	RHER OF DEATH HILL 14 1960
	M Cal WIDOWED DIVORCED J	DATE OF BIRTH 9. AGE (In years last birthday) When the Doys Hours Min.
L	On USJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRED OR INDUSTRED OR INDUSTRED OR INDUSTRED OR I	M.L. 71.5.A.
	hiennie Tarker	Molice Hassauray
15.	[Yes, no, or unknown] (If yes, give wor or dotes of service) — This	Turginia Parker Booksville, Try
	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b)	numma, Curdiae Internal BETWEEN ONSET AND DEATH
	47/X DUE TO Conditions, if only, which) (b) Jaclure, Chrys	in Awardones, arteries - 3 mm to
	gave rise to immediate couse (a), stoting the under-lying couse last (c) Allrace Senter	enel 1474 to
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
CERTIF		(Enter nature of injury in Port I or Port If of item 18)
MEDICAL	20c 7IME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 40c. PLACI Factor P. m 19 work at wark	F OF INJURY (Home, form, 20f (City or tawn) (County) (State) y, street, office bldg., etc.)
	21 I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 14 July 19 (45 and that dec	The occurred of 15 PM, from the causes and an the date stated above
	220. SIGNATURE STARL & - Hall MI	ATTENDING MED STAFF 2/15/60 SIGNED
	22c. PHYSICIAN'S NAME (Type) HOWARD E. HALL	22d. ADDRESS Africarlle, mel
23	230. BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR C BENOVAL (Specify) 2-18-60 Bushy 1	and States County (Store)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02091 2099 CERTIFICATE OF DEATH Rea. Dist. No SPLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution. Residence before admission) COUNTY p. STATE **b.** COUNTY filed MARYLAND Howar d Maryland Howar d funerol CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, wrste RURAL and give negrest town) Pe RURAL and give nearest town) phoods Elkridge Elkridge d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Meadowridge Ave. 22 Box 314 5609 YES NO X Main St. _ NAME OF First Middle 4. DATE Day Last Month Year DECEASED 2-22-1960 SUSANNA PETERSON DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years lost birthdoy) S SEX 7. MARRIED T NEVER MARRIED campletely Months Doys Hours Female White DIVORCED [7] 68 WIDOWED ! USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? pup Raltimore, Md At Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 6 Louise Tiechman physicio Unknown mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Howard Peterson, Enkridge, Md attending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which signed gove rise to immediate per DUE TO couse (a), stoting the underlying couse lost. buriol-transit has been OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL 29e. PLACE OF INJURY (Home, form, , 20f (City or town) TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work p. m. at wark 2-2-1960 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at ZOM, from the causes and an the date stated above. moy be retained by the TO FUNERAL DIRECTOR: DATE SIGNED ACTUAL prior SIGNATURE should PHYSICIAN'S NAME (Type 22c NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, fown, or county) (Stote) page REMOVAL (Specify) Flkridge . Md Burial Meadowridge **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Ciriling & House FEB 25 '60 VS A15 (4) F.C. Higinbothom, Ellicott City. Md 15M 9/5B



FOR STATE

HEALTH DEP

TO DEPUTY MEDICAL EXAMINED

1. certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pencit in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

1. File pages 1 and 2 with the State Board of Health, or removal, and its any event with 72 hours after death. VS. ATEME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2100

02092

Reg. Dist. No.

1,	PLACE OF DEATH	Howard	1		STATE Many	deceased lived. If instit	75 /	fore admission)
L	Ellicoff		ZAL		RFD#1	side corporate limits, write Ellicott	RURAL and give n	
05	haffers' (on valve (en	not in hasgital, give street of Letreat	oddress)	Sonnie hr	anch Road		YES NO
	NAME OF DECEASED (Type or print)	Etant	CLARA Mide	. 5	0 1	DATE OF Feb.	th Doy	Yeor 19 60
5. 9	Female	1.1	7. MARRIED NEVER MA	RRIED 8 DAT	OF BIRTH -/6 - 88	9. AGE (In years lost birthday)	Months Days	Hours Min.
100	during most of work	ing life, even if retired)	one 106, KIND OF BUSINES	S OR INDUSTRY 1	// / /	oreign country)	12. CITIZEN O	F WHAT COUNTRY?
13.	Jacob	Amm	en henuse	r 14.	Louise	Ę		
	WAS DECEASED E	VER IN U. S. ARMED FOR			want Wrei	S Ellicof	+ Cita	red
CERTIFICATION	Conditions, if gave rise to imme (o), stoling the couse fost. PARTY OF	underlying DUE TO (c) THER SIGNIFICANT COND THOUGHT AND THE SIGNIFICANT COND THE	HONS CONTRIBUTING TO LACTURE LOS DESCRIBE HOW INJURY OF	eft fer	neer two	L. prior to o	VEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED?
MEDICAL CE	PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INJU Hour o. m. p. m.	JRY Month, Doy, Year	20d. INJURY OCCURRE While Not while of work at work	factory, st	INJURY (Home, form, 2 reet, effice bldg., etc.)	Of. (City or town)	(County)	(State)
7		Theines F	af the remains described abural causes		Suicide, Han CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAM	nicide [], Undete	ermined manne	DATE SIGNED
23.	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS aln	ande	DATE FEB	0 0 100	ISTRAR'S SIGNATUR	-

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VS A15 (4) 15M P/S8

			1
			(
	director,	use as the burial-transit permit. Then please permage carban papers. Pages 1 and 2 shauld be filled with	1
	his certificate has been signed by the attending physician and completely tilled in by the funeral director	uld be fi	-
	The	sho	
	in by	ond 2	
4114	rilled	ges 1	
	erely	s. Po	
	COMP	poper	oth.
	חם חו	arban	fter de
	physicia	andre c	hours
	ending	leose to	emotion, or removal, and in any avant within 72 haurs after death
-	The of	Then p	w ju≡vi
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of attending physician	nis ceri	Use os	emotion

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2091 **CERTIFICATE OF DEATH**

	MAKT	209	1 CERTI	FIC	ATE OF DEATH		VIORE, I	Reg. Dist. N	02093
1. PLACE OF DEATH o. COUNTY	Howard Coun	ty	MARY	LAND	2. USUAL RESIDENCE (WAS 0. STATE Maryla		ed. If institution b. COUNTY	on: Residence be	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Ellicott Coty			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Baltimore 3V01/4						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Shaffers Convalescent Home				d. STREET ADDRESS 2915 Oak Hill Ave.				e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Lou	1150	Middle		WARNER	4. DATE OF DEATH	Mon	H FEB. 2	Day Year
s. sex Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE		8. DATE OF SIRTH NOV. 1. 1879	9.	AGE (In years ast birthdoy)	Months Days	AR IF UNDER 24 HR Hours Min.
At home	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (State Maryland		(7)		OF WHAT COUNTRY
3. FATHER'S NAME Frank E	. Schneider				Katherine				
IS. WAS DECEASED EVE (Yes, no. or unknown) No.	ER IN U. S. ARMED FOR (II yes, give war or dates of s		SOCIAL SECURITY NO		ohn L. Warner	2434 B)	Addi amblet		
Conditions, if a gave rise to it cause (a), stoling lying couse last.	mmediate (accino	ma	reclum			Ö	ITERVAL BETWEEN NSET AND DEATH
200. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH				D. (Enter noture of injury in			EN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO
(IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	MEDICAL EXAMINER)	or 20d. In While of worl	NJURY OCCURRED Not while		ACE OF INJURY (Home, form clary, street, office bldg., etc		town)	(Count	y) (Stat
	June 1 Thomas F	20		death	, 1957, ta occurred at 3°° f. M.D. 46 Cl Elli	2-27 M, from the appress (Street Court Cou	causes an	d an the da	aw the decease te stated abov DATE SIGNE 2-27-1
220. BURIAL, CREMATIC REMOVAL (Specify) BUTLAL	3/2/60		22c. NAME OF CEME Druid Ed		Cemetery	-	sville,	Md.	(State)
23. FUNERAL DIRECTOR Ullrich Fu	's signature meral Home	4210	ADDRESS Belair Ros	ad.	24g. REC	D BY REGISTRAF		STRAR'S SIGNAL	

